Best Available Copy

| PATENT APP | LICATION E | EE ACTTON | | | Appli | cetion | or Docke | Number | |
|--|------------------------|---|---|------------|-----------------|----------------|---------------------|---------------------|--|
| PATENT APPLICATION FEE DETERMINATION REC Effective November 10, 1998 | | | | | OP/418323 | | | | |
| CL | AIMS AS FIL | ED - PARTI | | SN. | ALL ENT | <u> </u> | | 5 | |
| FOR | NUMBER FIL | | (Column 2) BER EXTRA | | PE _ | | OR SM | HER THA ALL ENTI | |
| BASIC FEE | | Woah | DEN EXTRA | R/ | TE F | EE | RA | | |
| OTAL CLAIMS | | ninus 20= - | | | 38 | 0.00 | OR | 760 | |
| DEPENDENT CLAIMS | 19 | | | _ xs | 9= | | OR XS1 | 8= | |
| ULTIPLE DEPENDENT | | ninus 3 = • | | X3: | 9= | \dashv | | - | |
| | | | | | _ | -1 | OR X/6 | - | |
| the difference in colu | imn 1 is less th | en zero, enter °0' | in column 2 | 1 13 | | ı́ | OR +260 |)= | |
| | | DED - PART I | | TOT | ~ L | | OR TOTA | u Wa | |
| [Ol V] (Cold | imn 1) | (Column : | | SMA | LL ENTI | Y o | OTH R SMAI | ER THAN | |
| AF | AINING TER DMENT | HIGHEST NUMBER PREVIOUS PAID FOR | PRESENT EXTRA | RATI | ADC TION | | RATE | ADD | |
| Total | Minus | ### | | X\$ 9 | FEI | | X\$18 | FEE | |
| FIRST PRESENTATION | Menus | *** | E | X39= | +- | - ° | ` | - | |
| FIRST PRESENTATIO | N OF MULTIPLE | DEPENDENT CU | UM | | ┪— | ° | X78. | | |
| | | | | +130= | <u></u> | OF | +260= | 1 | |
| 1-10-04 (Colum | no 1) | /O-1 | | ADDIT. FE | | OF | ADDIT, FE | | |
| CLA REMA | MS | (Column 2) HIGHEST | (Column 3) | | | _ | | | |
| AMEND | EA | NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | PATE | ADDI | | RATE | ADDI- TIONAL | |
| otal • /8 | Minus | -20 | - / | XS 9- | FEE | 1 | | FEE | |
| xdependent • | Minus | 3 | 1. | - | ╂ | OR | X\$18= | | |
| IRST PRESENTATION | OF MULTIPLE D | EPENDENT CLAI | М | X39= | - | OR | X78= | | |
| | | | | +130= | | OR | +260= | | |
| /Ceh | | 1.4.7.2.7 | | ADDIT. FEE | | OR | TOTAL ADDIT, FEE | | |
| (Colum CDA) | 3 | (Column 2) | (Column 3) | | | | | 3 | |
| REMAIN AFTE AMENOM | 9 | NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE | ADDI- TIONAL | | RATE | ADDI- TIONAL | |
| tel . | Minus | | | X\$ 9- | FEE | | | FEE | |
| ependani . | Minus | *** | • | - | | OR | X\$18= | | |
| AST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | X39= | | OR | X78= | | |
| e entry in column 1 is less than the entry in column 2, write 'V' in column 3. • Trighest Number Previously Paid For IN THIS SPACE is less than 20, enter '20." • Trighest Number Previously Paid For IN THIS SPACE is | | | | +130= | | OR | +260= | | |
| Affichants I to 1652 fi | | | widi J. | TOTAL | | - | - | | |
| Tighest Number Berlin | | O OLUCE IS MISS BIRT | 1 20, enter 20. | | | OR " | TOTAL | J | |
| "Highest Number Previous "Highest Number Previous Highest Number Previous | | O OLUCE IS MISS BIRT | n 30, enter "30." highest number for | | opriate box | OFI In colu | DOTAL DOTT. FEE | | |